



BARBARA K. CEGAVSKE  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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Office of the  
Secretary of State

*Barbara Cegavske*

Barbara Cegavske  
Elections Division

State of Nevada  
**Committee for Political Action  
(PAC)**  
Registration Form  
Page 1

JStokes

1/06/2016

# 756

ABOVE SPACE IS FOR OFFICE USE ONLY

<input type="checkbox"/> New Registration	<input type="checkbox"/> PAC (Advocating Passage or Defeat of a Ballot Question)
<input checked="" type="checkbox"/> Annual (Due on or before January 15th of <u>each</u> year; NRS 294A.230(4)(b))	
<input type="checkbox"/> Amended Registration: check all that apply	<input type="checkbox"/> Change Officers
	<input type="checkbox"/> Change Registered Agent
	<input type="checkbox"/> Change Address
	<input type="checkbox"/> Change Name <input type="text"/>
	Previous Name of PAC
	<input type="checkbox"/> Other: <input type="text"/>

Name of Committee:

Nevada Beer Wholesalers PAC

Telephone:

775-823-2900

Mailing Address:

50 West Liberty Street, Suite 410

Reno

NV

89501

Street Name, Number

City

State Zip Code

PAC Active Email Address:

**PURPOSE:** Briefly state the purpose for which the PAC was organized.

**REGISTERED AGENT:** pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:

L and R Service Company of Nevada, LLC

Telephone:

775-823-2900

Physical Address:

50 West Liberty Street, Suite 410

Reno

NV

89501

Street Name, Number

City

State Zip Code

**REGISTERED AGENT ACCEPTANCE:** I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

☒ *Janine A. Moulton*  
Signature of Registered Agent

Date:

1/4/2016



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**Registration Form**

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**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title:		Telephone:	
Jerry Moretto, President			
Mailing Address:			
c/o Valley Distributing, Inc. 880 E. Front Street	Fallon	NV	89406
Street Name, Number	City	State	Zip Code
Officer Name and Title:		Telephone:	
Robert McDonald, Secretary			
Mailing Address:			
c/o Nevada Beverage Co. 3940 W. Tropicana Ave.	Las Vegas	NV	89103
Street Name, Number	City	State	Zip Code
Officer Name and Title:		Telephone:	
Robert McDonald, Treasurer			
Mailing Address:			
c/o Nevada Beverage Co. 3940 Tropicana Ave.	Las Vegas	NV	89103
Street Name, Number	City	State	Zip Code
Officer Name and Title:		Telephone:	
Alan B. Blac, Director			
Mailing Address:			
c/o Great Basin Beverage, LLC PO Box 789	Wells	NV	89835
Street Name, Number	City	State	Zip Code

**AFFILIATIONS:** If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code
Name of Organization:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code
Name of Organization:		Telephone:	
Mailing Address:			
Street Name, Number	City	State	Zip Code

**SUBMITTED BY:**

<b>X</b> 	Printed Name:	Date:	Telephone:
	Alfredo Alonso	1/6/16	775-823-2900

Signature of Representative of Group